State of California
Business, Transportation and Housing Agency
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Division of Codes and Standards

## OCCUPATIONAL LICENSING APPLICATION FOR MANUFACTURED HOME/MOBILEHOME/COMMERCIAL COACH SALESPERSON

PART A

AME:(Last)	(First)	(Middle)	(Telepho	ne No.)
ESIDENCE ADDRESS:				
(Nu	umber and Street)	(City)	(State)	(Zip Code)
AILING ADDRESS:				
(Nu	mber and Street)	(City)	(State)	(Zip Code)
ECTION 2: TYPE LICENS	E REQUESTED			
/_/ N	/lanufactured Home/Mobile	ehome Salesperson /_/	Commercial Coach Salespe	erson
ECTION 3: EMPLOYER II	NFORMATION			
EALERSHIP NAME:	LICENSE NUMBER:			
FALERSHIP ADDRESS:				
ECTION 4: APPLICANT'S  (Type or Print Name)	CERTIFICATION, certify under pena		(State) aiton given on this application	(Zip Code)
the best of my knowledge ar  ECTION 5: EMPLOYING I	CERTIFICATION , certify under penal of the control of the certify that I have review	alty of perjury that the informa  TION  wed the completed application	aiton given on this application	is true and corre
(Type or Print Name)  (Type or Print Name)  (Type or Print Name)  (Type or Print Name)  cove named person as a Mare pove named person will not person the power of the print Name of the person will not person the person of the	CERTIFICATION , certify under penal and belief.  DEALER'S CERTIFICA certify that I have review that the certify that I have review articipate as a licensee in the cerson Temporary Permit of the certify that I have review that the certification of the	TION  wed the completed application ome and/or Commercial Coal any manufactured home, more License from the Departments.	aiton given on this application on (Part A and Part B) and inte	is true and corre
(Type or Print Name) the best of my knowledge ar  ECTION 5: EMPLOYING I  (Type or Print Name) bove named person as a Mar bove named person will not p ntil he/she receives a Salespe	certify that I have review articipate as a licensee in erson Temporary Permit of	TION  wed the completed application ome and/or Commercial Coal any manufactured home, must be completed.  TITLE	aiton given on this application on (Part A and Part B) and inte	is true and corrections to employ the knowledge that thich sales activity,
(Type or Print Name) the best of my knowledge ar  ECTION 5: EMPLOYING I  (Type or Print Name) bove named person as a Mar bove named person will not p ntil he/she receives a Salespe	certify that I have review articipate as a licensee in erson Temporary Permit of	TION  wed the completed application ome and/or Commercial Coal any manufactured home, must be completed.  TITLE	aiton given on this application on (Part A and Part B) and inte	is true and corre